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MESSAGE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Brad C. Hollander

Examiner: McKane, Elizabeth L.

Art Unit: 1744

Serial No.: 09/619,520

Confirmation No.: 1131

Filed: July 19, 2000

Atty. Docket No.: 75104-301803

For: METHODS AND APPARATUS FOR DISINFECTING AND STERILIZING FLUIDS USING
ULTRAVIOLET RADIATIONCERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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2. PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(A) (FY 2005);
3. AMENDMENT AND RESPONSE (10 PGS.)

4. FEE TRANSMITTAL FORM WITH CREDIT CARD FORM;
5. INFORMATION DISCLOSURE STATEMENT W/ FORM PTO/SB/08A


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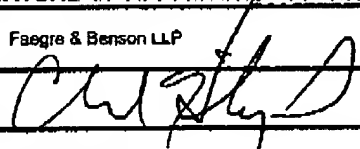
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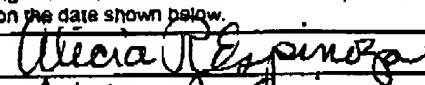
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/619,520
	Filing Date	07/19/2000
	First Named Inventor	Brad C. Hollander
	Art Unit	1744
	Examiner Name	McKane, Elizabeth L.
Total Number of Pages in This Submission	Attorney Docket Number	75104-301803

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Credit Card Form
Remarks		

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Firm	Faegre & Benson LLP		
Signature			
Printed Name	Chad S. Hilyard		
Date	February 24, 2005	Reg. No.	40,647

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Signature			
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (in R 4318).		Complete if Known	
<h2 style="text-align: center;">FEE TRANSMITTAL for FY 2005</h2>		Application Number	09/619,520
		Filing Date	07/19/2000
		First Named Inventor	Brad C. Hollander
		Examiner Name	McKane, Elizabeth L.
		Art Unit	1744
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No	75104-301803
TOTAL AMOUNT OF PAYMENT (\$690.00)			

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)
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Deposit Account Name: Faegre & Benson LLP

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

(\$)

-20 or HP =

X

=

Small Entity**Fee (\$)****Fee (\$)**

50

25

200

100

360

180

Multiple Dependent Claims**Fee (\$)****Fee Paid**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP =

X

=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

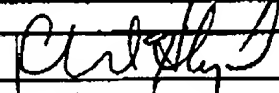
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (3 mo.), IDS fee

\$690.00

SUBMITTED BY		Registration No	Telephone
Signature		(Attorney/Agent) 40,647	303-607-3656
Name (Print/Type)	Chad S. Mayard	Date	02/24/2005

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Brad C. Hollander	Examiner: McKane, Elizabeth L.
Serial No.: 09/619,520	Group Art Unit: 1744
Filed: July 19, 2000	Conf. No.: 1131
For: METHODS AND APPARATUS FOR DISINFECTING AND STERILIZING FLUIDS USING ULTRAVIOLET RADIATION	Docket No. 75104-301803

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Alicia R. Espinoza

Sir:

In response to the Office Action mailed August 25, 2004, the Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.